

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ASD	13	8/16-01
OP/PE CLASSIFIER	CV	503	11/29
FORMALITY REVIEW			(1-02-01)
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	0
14	✓
15	✓
16	✓
17	✓
18	✓
19	0
20	✓
21	✓
22	✓
23	0
24	0
25	✓
26	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/20/01